

**THIS DECISION HAS BEEN APPEALED. THE FOLLOWING
IS THE RELATED SOAH DECISION NUMBER:
SOAH DOCKET NO. 453-04-7779.M5**

MDR Tracking Number: M5-04-2397-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 04-01-04.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that Propoxyphene-N/Apap, Lexapro, Ambien, and Cyclobernzaprine were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity fees were the only fees involved in the medical dispute to be resolved. As the services listed above were not found to be medically necessary, reimbursement for dates of service 12-23-03 through 3-9-04 is denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 23rd day of June 2004.

Donna Auby
Medical Dispute Resolution Officer
Medical Review Division
DA/da

NOTICE OF INDEPENDENT REVIEW DECISION

Date: June 17, 2004

MDR Tracking #: M5-04-2397-01

IRO Certificate #: 5242

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by an Orthopedic Surgeon reviewer (who is board certified in Orthopedic Surgery) who has an ADL certification. The reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Submitted by Requester:

- TWCC-60 form
- Table of Disputed Services
- Notes from ____
- Hospital records, September 2000 (Discharge summary, cardiology consultation, operative note, myocardial perfusion test, echocardiogram, carotid Doppler, radiology reports, progress notes)
- MRI Cervical spine, 1/13/01
- Electrodiagnostic studies, February 2000
- Physical demands analysis
- Attending physician's statement of disability
- TWCC-62
- Laboratory reports
- Procedure notes

Submitted by Respondent:

- TWCC-60 form
- Table of Disputed Services
- Notes from ____
- Peer review from ____

Clinical History

The claimant has a history of chronic back pain allegedly related to a compensable work injury that occurred on or about ____.

Requested Service(s)

Propoxyphene/APAP, Cyclobenzaprine, Ambien, Lexapro

Decision

I agree with the insurance carrier that the requested items are not medically necessary.

Rationale/Basis for Decision

Clinical documentation dating back to September 2001 documents a static clinical condition of chronic myofascial pain syndrome and normal neurologic exam. Propoxyphene/APAP is a Darvon derivative narcotic analgesic. Narcotic medications are generally indicated for management of acute pain associated with acute injury and perioperative conditions.

Clinical documentation of attempts to wean a patient from narcotic medication after 4-8 weeks is indicated to support the medical necessity of continued use. There is no documentation of an attempt to wean the claimant from use of narcotic medications. Cyclobenzaprine is an antidepressant derivative used for the management of relief of muscle spasm associated with acute painful musculoskeletal conditions. Effectiveness of prolonged use, greater than 2-3 weeks is not proven. There is no clearly documented clinical rationale explaining why ice and heat modalities or other physical therapy modalities would be any less effective than continued use of Cyclobenzaprine in the management of a chronic pain condition. Ambien is a sedative hypnotic used for the short term treatment of insomnia. Use for longer than 7-10 days is generally not indicated without documentation of clinical work up of primary psychiatric illness. There is no documentation of clinical work up of insomnia or documentation that primary psychiatric illnesses have been ruled out to indicate the medical necessity of continued use of Ambien. Lexapro is an antidepressant indicated for the treatment of major depressive disorders. There is no documentation of psychiatric clinical evaluation supporting a diagnosis of major depressive disorder to indicate the medical necessity of Lexapro. There is no documentation of exhaustion of conservative measures of treatment including but not limited to over the counter nonsteroidal anti-inflammatory medications, physical therapy modalities (ice/heat, dynamic spinal stabilization/McKenzie), and bracing.